

From previous studies of SCBU cot usage at BMH it would appear that 23 cots would be sufficient for all but 10% of occasions. On these occasions it will be necessary to discharge neonates to wards or home more rapidly or restrict admissions of "in utero" and outborn neonates. The neonatal unit at Southmead will have a varying capacity to accept outborn neonates. It is unlikely that other Districts requesting care will provide extra nursing resources or revenue equivalents to staff temporarily additional cots.

The opportunity exists for Bristol based neonatologists to give consultative advice for care of neonates in other Districts.

- 5.3 Normal care of neonates will continue in post-natal wards and at home. A small number of midwives are being trained in the provision of some aspects of special care to neonates in home settings.
- 5.4 Neonatal Surgery: The majority of neonates requiring surgery receive pre- and post-operative care in the SCBU at BMH. In 1985, 85 cot days of care were given in BCH. The present level of neonatal surgery and the pro rata increase by birth numbers will be met within the proposed complement of SCBU cots and medical and nursing establishments.
- 5.5 Cardiological and cardiac surgical neonatal care: Neonates requiring cardiological investigations will increase from 98 (1985/86) to 125 p.a. by 1995. Neonates requiring closed corrective procedures and open heart procedures will increase with proportionately more neonates undergoing open procedures.

Pre- and post-investigational or operative care is given mainly in the intensive care unit at BCH. In 1985, 346 cot days of care were given to 71 admissions. The increased workload by 1995 will require around 421 cot days or 2 cots at 75% occupancy. An establishment of 6 WTE nursing staff will be required to cover these cots.

- 5.6 In vitro fertilisation: Further research into techniques of in vitro fertilisation or other approaches which may increase the workload for neonatal care should be accepted only if the additional revenue implications of such care are met by the research grants.
- 5.7 Information services: Better information on the origins and characteristics of neonates, types of care and outcomes of care is required. Additionally information must cover cardiac and surgical care. This information should evolve from Korner minimum data requirements and existing information files.
- 5.8 Training of nursing staff and medical undergraduates and postgraduates in neonatal care must be met from existing resources except for some allowance in respect of cardiological care.
- 5.9 Next to the wellbeing of neonates the wellbeing of nursing staff is most at risk if there is an imbalance between expectations for care and the capacity of staff to give such care. The obstetric workload of BMH and the workload of the SCBU and the intensive care cots in BCH must be under managerial arrangements which will minimise such risks. These arrangement will require explicit agreement on the capacity of neonatal services between professional and managerial staffs.